

Requirements for Applying to PreK-3-Gr. 5

Please note, your application will not be complete until the school has received the following items:

- Completed School Application form
- Parent Responsibility Contract
- Health Form, completed by a physician and parent
- Photocopy of passport
- Two passport sized photos for each applicant
- Application Fee
- School records, past 3 years
- 1 Confidential recommendation
- Standardized test results–ITBS, Stanford, PSAT, SAT, TOFEL, etc.
- Report from specialists, if applicable



Application for Admission for PreK3–Grade 5

Please submit a separate application for each child in your family.

Please attach two passport size photos here.

ADMISSIONS OFFICE ONLY: Application Date M____/D____/Y_____

APPLICANT					
Last (Family) Name		First (Given) Name		Middle Name	
Nickname	<input type="checkbox"/> M <input type="checkbox"/> F	Country of Birth		Date of Birth M____/D____/Y_____	
First Passport Country		Second Passport Country		Languages <small>FIRST SECOND</small>	
Applying to Grade		Desired Start Date M____/D____/Y_____		Expected Length of Enrollment	
Address in Japan					
Home Phone		Family Email		Child's Cell Number	
Current Address (IF DIFFERENT FROM ABOVE)					
Home Phone		Mom's Cell Number		Dad's Cell Number	
Payment Method <input type="checkbox"/> Self Pay <input type="checkbox"/> Corporate Pay		<small>IF CORPORATE PAY, PLEASE INDICATE THE CORPORATION. IS THIS MOVE CONFIDENTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>			
EDUCATION					
School Name (MOST RECENT)			School Website		
School Address			School Phone Number		
Date Started M____/D____/Y_____	Grades Attended (LIST ALL)		Date Ended M____/D____/Y_____		
School Name			School Website		
School Address			School Phone Number		
Date Started M____/D____/Y_____	Grades Attended (LIST ALL)		Date Ended M____/D____/Y_____		
School Name			School Website		
School Address			School Phone Number		
Date Started M____/D____/Y_____	Grades Attended (LIST ALL)		Date Ended M____/D____/Y_____		
Has your child ever had any psychological, educational, or special testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>IF YES, PLEASE PROVIDE COPIES OF THE TESTING REPORT.</small>					
Please select all of the below that are relevant for your child:					
<input type="checkbox"/> Remedial Reading, Writing or Math		<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Counseling <small>(INDIVIDUAL OR FAMILY)</small>	<input type="checkbox"/> IEP <small>(INDIVIDUAL EDUCATION PLAN)</small>	
<input type="checkbox"/> ADHD	<input type="checkbox"/> Pull-out Support	<input type="checkbox"/> Behavioral Management	<input type="checkbox"/> Learning Resources	<input type="checkbox"/> Speech/Language Therapy	
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Push-in Support	<input type="checkbox"/> ESOL <small>(ENGLISH FOR SPEAKERS OF OTHER LANGUAGES)</small>	<input type="checkbox"/> 1 on 1 Shadowing	<input type="checkbox"/> No programs or support	
<input type="checkbox"/> Other <small>PLEASE EXPLAIN</small>					

CANADIAN ACADEMY

inspiring minds, nurturing compassion

PERSONALITY AND HISTORY

Please describe your child. PERSONALITY, STRENGTHS, AREAS FOR GROWTH, CHILD'S VIEW OF SCHOOL

Please describe any medical condition, hospitalization, developmental delay, or diagnosis for your child.
ALSO INCLUDE ANY MEDICATION CURRENTLY BEING TAKEN

FAMILY MEMBERS

<input type="checkbox"/> Father <input type="checkbox"/> Step-father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-mother <input type="checkbox"/> Legal Guardian
Name (LAST, FIRST)	Name (LAST, FIRST)
Passport Country/ies	Passport Country/ies
Employer	Employer
Address WORK	Address WORK
Phone/Fax WORK	Phone/Fax WORK
Email WORK	Email WORK
Home Language(s)	Home Language(s)
English Proficiency <input type="checkbox"/> Native/High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	English Proficiency <input type="checkbox"/> Native/High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Do you have any areas of expertise that you are willing to share with our students? If so, please list them.	Do you have any areas of expertise that you are willing to share with our students? If so, please list them.

SIBLINGS PLEASE INCLUDE INFORMATION ABOUT SIBLINGS SO THAT WE CAN HAVE A COMPLETE PICTURE OF YOUR FAMILY.

<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/> Brother <input type="checkbox"/> Sister
Name	Name	Name
Date of Birth M___/D___/Y_____	Date of Birth M___/D___/Y_____	Date of Birth M___/D___/Y_____
<input type="checkbox"/> Enrolled at CA, GRADE _____	<input type="checkbox"/> Enrolled at CA, GRADE _____	<input type="checkbox"/> Enrolled at CA, GRADE _____
<input type="checkbox"/> Applying to CA, GRADE _____	<input type="checkbox"/> Applying to CA, GRADE _____	<input type="checkbox"/> Applying to CA, GRADE _____
<input type="checkbox"/> Enrolled at SCHOOL GRADE _____	<input type="checkbox"/> Enrolled at SCHOOL GRADE _____	<input type="checkbox"/> Enrolled at SCHOOL GRADE _____

ALUMNI ARE ANY MEMBERS OF YOUR FAMILY CA ALUMNI?

Name	Relationship	Class of
Name	Relationship	Class of

SCHOOL CHOICE

What are your reasons for applying to Canadian Academy?

How did you hear about Canadian Academy?

What other schools are you considering?

EMERGENCY CONTACT MUST BE SOMEONE OTHER THAN THE APPLICANT'S PARENTS, PREFERABLY IN JAPAN

Name	Relationship	Cell Number
Name	Relationship	Cell Number

AGREEMENT SIGNATURE

By signing below you agree to the following:

- I recognize that Canadian Academy reserves the right to determine the most appropriate grade level placement for my child and the right to determine whether or not my child should be placed in a support program.
- I understand that Canadian Academy will not accept a child whose needs cannot be met by the programs available at Canadian Academy.
- I also understand that my child's acceptance is conditional upon availability of space in the grade level and in the program(s) in which he/she may be placed.
- I authorize the execution of this registration and subscribe to the rules and regulations of Canadian Academy.
- I give Canadian Academy and my child's current and previous school(s) permission to exchange records and other confidential information.
- I attest that the information given is accurate to the best of my knowledge. The failure to provide accurate and/or complete information may result in the cancellation of the application or acceptance prior or subsequent to the start of school.

Parent Signature	Printed Name	Date
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Parent Responsibility Contract



By signing this form, the parents/guardians will support their child(ren)'s learning.

I will:

Support the philosophy and culture

- support the the school's mission, core values, strategic objectives, programs, and all initiatives towards their achievement.
- contribute to a positive school environment, avoiding conduct which creates or promotes intolerance or disharmony between and/or among the members of the school or the staff.
- use channels of communication established by the school when seeking a resolution to a problem or concern, starting the conversation with the person directly responsible for the issue, if there is still a concern, then the principal can be brought into the discussion. Finally, the headmaster can enter the discussion if still no consensus can be reached.
- attend parent/teacher conferences, meetings and workshops to learn about Canadian Academy and how I can support my child(ren).
- cooperate with teachers and school leaders in support of the progress of my child(ren).
- enrich and support my child(ren)'s home language development as much as possible.

Support the curriculum and academics

- support the school's curriculum philosophy and practice, and understand that meeting country or region-specific curriculum standards outside of the school's mission and core values, may not be possible or supported.
- accept the school's placement of my child, ESOL level designation, and/or special education needs identification.
- understand that the school defines the level and need of language/learning support given and that there may be additional fees attached to the support.

Support my child

- read and understand the information contained in the Handbooks, which are located on the webpage for each section of the school.
- ensure my child(ren)'s regular attendance at school.
- support the school's involvement with extracurricular activities through the possible occasional homestay hosting of visiting students.
- volunteer and participate in a variety of activities, some of which may be PTA related.
- play an active role in monitoring my child(ren)'s screen time and online behavior.

Support the school

- guarantee that my child(ren) will be living with a parent, legal guardian, or in the Canadian Academy dormitory.
- pay all fees as established by the school in accordance with authorized payment plans. In case of non-payment, the school may restrict students from entering classes, withhold report cards, and/or refuse re-enrollment for the following semester.
- understand that the cafeteria services are provided by an independent contractor, not a part of Canadian Academy.
- understand that the school reserves the right to use and display students' images, videos and voice recordings for a variety of purposes, including advertising, marketing and sharing with the community. The school will follow their publishing protocols.

Failure on the part of parents/legal guardians to comply with the above policies and guidelines will result in a discussion with the school about whether this is the appropriate school for your family. Depending on the outcome of this discussion, this may result in the departure of your child(ren) from Canadian Academy. This form is automatically renewed when enrolling students for the next school year.

Parent Signature	Printed Name	Date
Student Name(s)	Grade Level(s)	

Canadian Academy Health Requirements For New Students

Physical Examination: completed by a physician on the Canadian Academy physical examination form (see CA website) **within 6 months prior to the first day of school.**

Tuberculosis (TB) skin test or Chest X-Ray: Official written result from a Physician is required **within 6 months prior to the first day of school.**

Chest X- Ray: is **mandatory** according to Japanese health regulations for any new student entering **High School.**

The following Immunizations MUST be completed prior to first day of school. A copy of all immunizations received MUST be submitted with the “Student Health Form” to the Health Office prior to the first day of school.

<u>Immunizations</u>	<u>Under 6 years</u>	<u>6 years and above</u>
DPT (Diphtheria / Pertussis / Tetanus)	4 doses	5 doses
MMR (Measles / Mumps / Rubella) or	1 dose	2 doses
MR (Measles / Rubella) + Mumps	1 dose	2 doses
Polio	3 doses	4 doses
Hepatitis B	Completion of 3 dose series or at least 1 dose prior to entry	

Canadian Academy's required immunization policy was adopted using current information obtained from the World Health Organization (WHO), the Center for Disease Control and Prevention (CDC), the Japanese Department of Health and Welfare and various other worldwide health organizations.

If you have any questions, please contact the Health Office at;

Email: health_office@canacad.ac.jp

Phone/Fax: +81-78- 857-5157

Local: (078) 857-5157

Canadian Academy Student's Health Record

Student's Name *Last* *First* *Middle (initial)* DOB / / y

Sex M F Nationality Entering date & grade / / y / / y gr.

Father's Name Cellphone No.

E-mail: Cellphone No.

Mother's Name Cellphone No.

E-mail:

Child Lives With Parents Other Name Phone No.

Relationship Cellphone No.

Emergency Contact Person Relationship to student:

Contact No. (Home/Cellphone)

Does your child have any allergies? Yes No Allergy symptoms include:

If Yes: Food Rash

Insects Runny Nose

Drug Itchy eyes

Pollen Respiratory difficulties

Other Other

Your child's recommended treatment for allergy is? (please specify)

DOES YOUR CHILD HAVE ANY HISTORY OF THE FOLLOWING PROBLEMS?

Seizures	Heart/Circulatory problem	Eating disorder (Anorexia, bulimia)
Stomach problem	Skin disorder	Asthma/Breathing problems
Depression	Anxiety disorder	Diabetes

If yes to any of the above, please explain treatment (if any):

Is your child currently taking any type of medication on a regular basis at home or while in school?

Yes No If yes, specify:

- The following over the counter medications may be given to my child by the school nurse when deemed necessary. **Please check appropriate box.**
- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Antacid
Tums | <input type="checkbox"/> Ibuprofen
Advil
Motrin | <input type="checkbox"/> Acetaminophen
Tylenol
Paracetamol | <input type="checkbox"/> Antihistamine
Benadryl | <input type="checkbox"/> Decongestant
Non-Pseudo |
| <input type="checkbox"/> Anti-cough
Robitussin | <input type="checkbox"/> Eye drops
Anti-itch
Anti-bacterial
Visine | <input type="checkbox"/> Topical ointments
Anti-itch
Antibiotic
Hydrocortisone 1% | <input type="checkbox"/> MS Aid (for menstrual cramps) | <input type="checkbox"/> Give No medication to my child
until I am notified first. |

I authorize Canadian Academy to take whatever action they feel is necessary to ensure the health and safety of my child.

Parent's Signature **Date**

REQUIRED IMMUNIZATIONS

Proof of Immunization is Required.
(Please attach copy)

Vaccine	Mo/Day/Yr	Vaccine	Mo/Day/Yr
No. 1	/ /	No. 1	/ /
No. 2	/ /	MMR	/ /
DTP/DT/ TD	/ /	No. 2	/ /
No. 3	/ /	No. 1	/ /
No. 4	/ /	MR	/ /
No. 5	/ /	No. 2	/ /
No. 1	/ /	Measles	/ /
No. 2	/ /	No. 2	/ /
No. 3	/ /	No. 1	/ /
Polio	/ /	Rubella	/ /
No. 4	/ /	No. 2	/ /
No. 1	/ /	Mumps	/ /
No. 2	/ /	No. 1	/ /
No. 3	/ /	No. 2	/ /

REQUIRED CHEST X-RAY/TB SCREENING

Within 6 months prior to first day of school.

Chest X-Ray
(required in Gr. 9 or upon entering high school)

Result:

MD signature:

Date: / / y

TB Skin Test

Date m / d / y	Result (induration/wheel)
/ /	
/ /	

BCG (when given) / / y

Country administered

RECOMMENDED IMMUNIZATION

Chicken Pox	Mo/Day/Yr
Vaccine No. 1	/ /
No. 2	/ /
Disease	/ /

CANADIAN ACADEMY STUDENT'S PHYSICAL EXAM

Name of Student: _____ Grade _____

This section MUST be completed and signed by a physician

Within 6 months PRIOR to first day of school at CA.

Height: ____ cm Weight: ____ kg BP: ____ Temperature: ____ Pulse: ____ Respirations: ____

	Normal	Abnormal	Comments
Developmental Assessment			
Integumentary System			
Lymphatic System			
Cardiovascular System			
Gastrointestinal System			
Musculoskeletal System			
Neurological Assessment			
Genito-Urinary Assessment			
Spinal Exam / Scoliosis			
Ears / Hearing			
Nose / Throat			
Respiratory System			
Eyes / Vision	R: ____ L: ____	R: ____ L: ____	Glasses: ____
Chest X-Ray (Required in Gr. 9 or upon entering High School)			Result: _____

History

1. Does the child have any chronic or acute medical condition that may require any intervention at school?

2. Are there any concerns about the child's general health that we should be concerned about?

3. Are there any concerns about the child's emotional well being? _____

Physician's Name (print): _____ Date of Exam _____

Signature: _____

Address: _____

Confidential Recommendation for PreK3–Grade 5

The applicant's homeroom teacher, the principal or counselor should complete this form.



APPLICANT INFORMATION

Last (Family) Name		First (Given) Name		Middle Name
Current Grade	Applying for Grade		Languages <small>FIRST SECOND</small>	
School Name <small>(MOST RECENT)</small>			School Website	
School Address			School Phone Number	
Name of Person Completing Form			Email Address	
Position of Person Completing Form			How long have you known the applicant?	

SOCIAL/EMOTIONAL EVALUATION IN RELATION TO HIS/HER PEERS

	Area of Concern	Approaching	Age Appropriate	Area of Strength
Independence				
Relationship with Peers				
Relationship with Adults				
Cooperation				
Appreciation of Limits				
Self-control				
Willingness to take risks				
Compassion				
Maturity				

ACADEMIC EVALUATION IN RELATION TO HIS/HER PEERS

	Area of Concern	Approaching	Age Appropriate	Area of Strength
Willingness to seek help				
Response to direction				
Independence				
Cooperation				
Attentiveness				
Participation				
Curiosity				
Fine motor development				
Gross motor development				
Language development				

CANADIAN ACADEMY

inspiring minds, nurturing compassion

Confidential Recommendation for PreK3–Grade 5



NARRATIVE RESPONSE

Please comment on any particular academic strengths and areas for growth.

Please describe any disciplinary, emotional or other concerns.

Has the applicant been recommended for an assessment for speech, language, attention or other learning or behavior issues? IF YES, PLEASE EXPLAIN.

Please describe the classroom environment in which the student is learning right now. NUMBER OF STUDENTS, NUMBER OF TEACHERS, LEARNING SUPPORT, ETC.

Is the applicant currently enrolled or previously been in a special program, support class or modified program? Is the applicant receiving support outside of the school? IF YES TO EITHER QUESTION, PLEASE EXPLAIN.

Have the applicant's parents been supportive of the school and cooperative when working with teachers, counselors and administrators? IF NOT, PLEASE EXPLAIN.

Signature

Date

Canadian Academy would like to thank you for completing this form. Please mail, scan and email, or fax this form.

Mail to: Canadian Academy Office of Admissions 4-1 Koyo-cho Naka Higashinada-ku, Kobe 658-0032	Scan and email to: admissions@canacad.ac.jp	Fax to: +81 78 857 3250 outside of Japan 078-857-3250 inside of Japan
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